## **DECLARATION AND POWER OF ATTORNEY** (FOR INVENTOR IDENTIFICATION PURPOSES ONLY)

Attorney Docket No. 130399

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

inventor (if plura		below) of the	subject	matter which	h is c	laimed and	fo	or w	vhich a	ара	atent is
(check one)		is attached hereto. was filed on as Application Serial No, and was amended on									
	t I have reviewed a ended by any amen				above	identified sp	e	cific	cation,	ino	cluding
I acknowledge the accordance with	ne duty to disclose Fitle 37, Code of Fe	information wideral Regulation	hich is ns §1.5	material to	the e	xamination	of	th	is app	lica	tion in
application(s) for application which have also identified		or plant breede one country oth ng the box, any	r's righ er thar foreig	nts certificated the United S n application	(s), or states for pa	365(a) of an of America, tent, invento	y lis r's	PC sted	T interbelow	, ar bre	nd eder's
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International appl matter of each of manner provided information as de national or PCT in	benefit under 35 Unication designating the claims of this apply the first paragraphined in 37 CFR §1 thernational filing despectively.	the United State oplication is not oh of 35 U.S.C56 which occurate of this application.	es of A disclos §112, l red bet cation:	merica, listed sed in the pric acknowledg ween the filin	belover Unice the c	w and, insofa ted States ap duty to disclo e of the prior	r a	as ti licat e m	he sub tion in aterial	ject the	t ;
U.S. PARENT A OR PCT PAREN	PARENT FILING DATE (day, month, year)			STATUS (patent and number, pending, abandoned)							
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	benefit under 35 U	.S.C. §119(e) o					ti	on(	s) liste	d b	elow.
APPLICATION NUMBER(S)			FILIN	NG DATE (da	ay, mo	nth, year)					
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\_ Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

## DECLARATION AND POWER OF ATTORNEY (FOR INVENTOR IDENTIFICATION PURPOSES ONLY)

Attorney Docket No. 130399

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (list name and registration number)

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application and any patent issued thereon.

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